

Fairfax County Neighborhood and Community Services
Athletic Services Division
12011 Government Center Parkway, 10th Floor
Fairfax, Virginia 22035-1115
Fax – 703-324-5546
athleticservices@fairfaxcounty.gov

ACCIDENT REPORT (This is not a Claim Form)

Location of Accident: _____ Date of Accident: _____

Full name of injured person: _____

Address: _____

Telephone number: _____ Sex: _____ Time of Accident: _____

Accident Reported By _____ To: _____
(Person and/or organization)

Date: _____ Time: _____ Check In person: _____ By phone _____

Injured person was treated by _____

and/or taken To: _____
(Address of hospital, doctor, home, etc.)

By: _____
(Person and/or organization)

Name of insurance company: _____ Notified: Yes _____ No _____

Policy Number: _____

Describe in detail the extent of the injuries: _____

Explain fully what care was given and what procedure was followed: _____

Describe where and how the accident occurred: _____

Name of person supervising activity: _____ Position: _____

Witness:

Name _____

Address _____

Telephone Number _____

**THIS REPORT IS TO BE FILED WITH NEIGHBORHOOD AND COMMUNITY SERVICES
IMMEDIATELY ON THE DAY OF THE ACCIDENT. Please mail, email, or fax this form.**

Date _____ Signature _____

(NCS Volunteer Field Director)